

Interoperability and Burden Reduction: Emerging Opportunities for Collaborative Care

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September 21, 2020



Today's Presentation

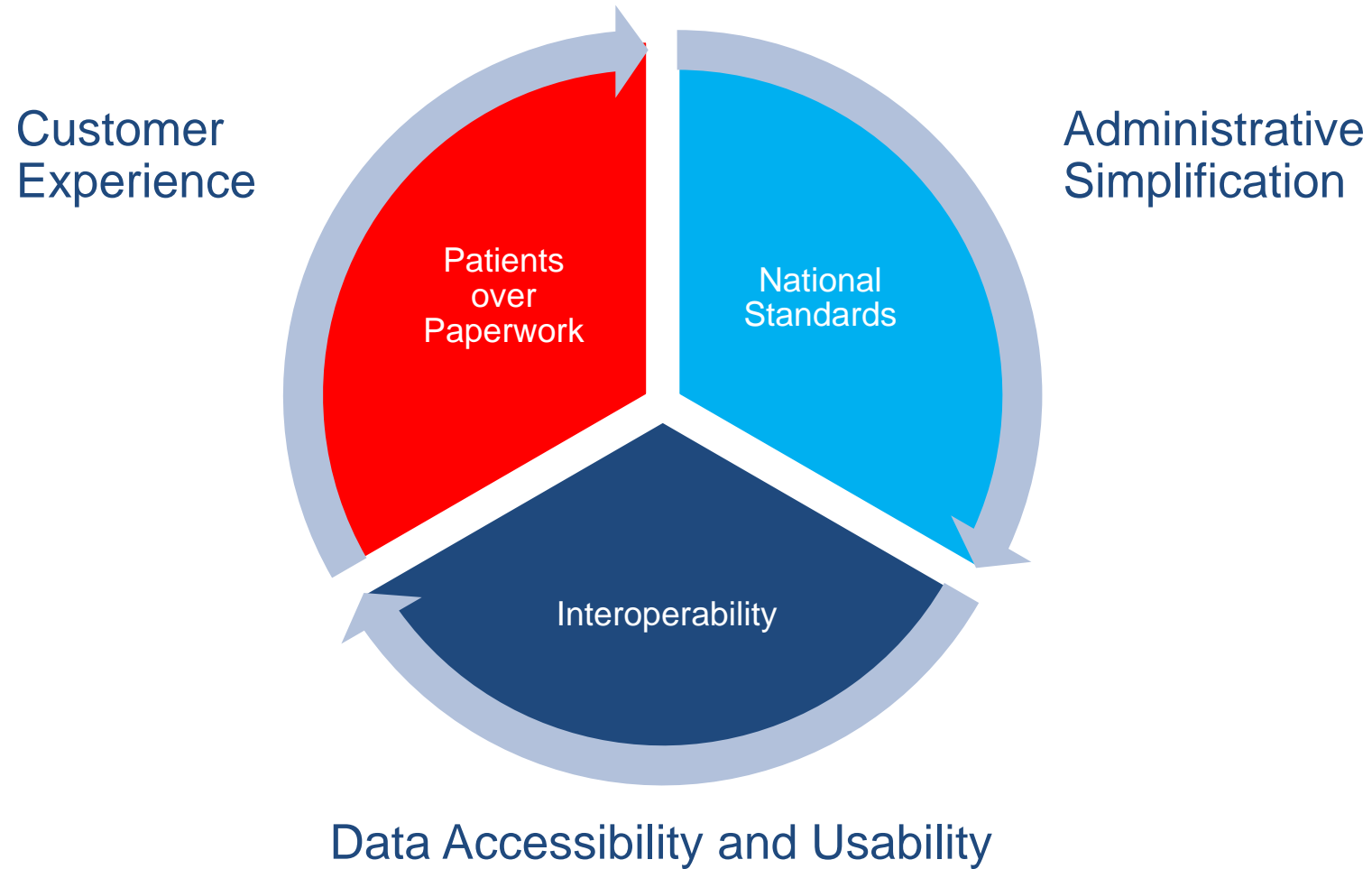
- Role of the Office of Burden Reduction and Health Informatics and how we engage the medical community
- CMS initiatives to reduce administrative burden and improve care coordination through interoperability

CMS Office of Burden Reduction and Health Informatics

- Reduce administrative burden
- Advance interoperability and national standards
- Engage beneficiaries and medical community to inform solutions
- Infuse customer-focused mindset throughout CMS



Joined Three Existing Bodies of Work

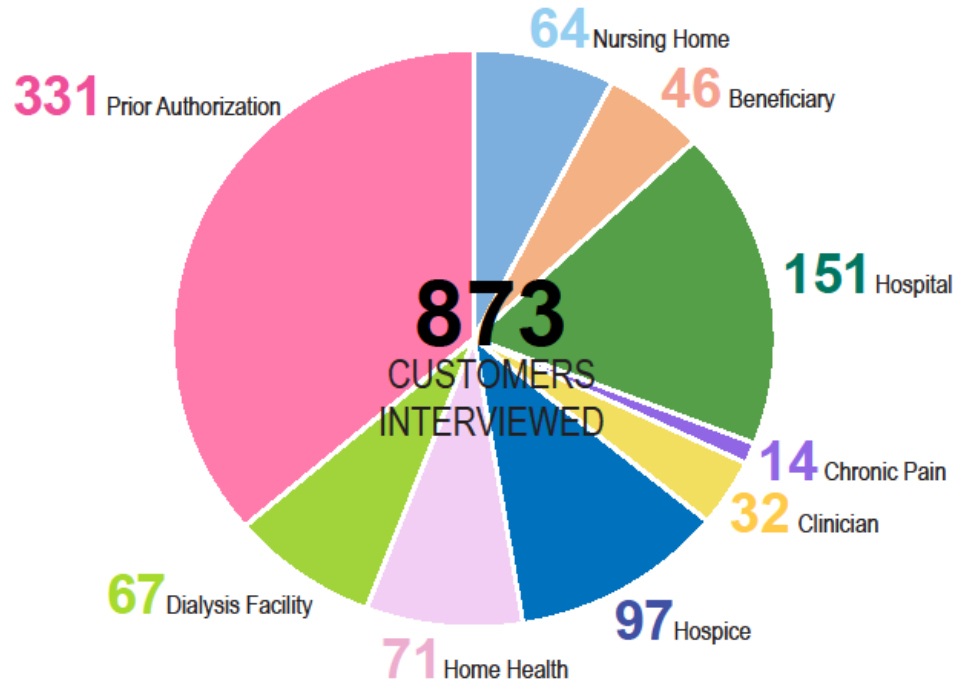


Comprised of Five Groups

- Customer-Focused Research
- Governance & Impact Analysis
- Health Informatics & Interoperability
- Emerging Innovations
- National Standards



Patients over Paperwork On-site Engagements



199 SME INTERVIEWS

CCSQ • CM • CPI • CMCS • CMMI • OC • OHI • OMH • OFM • FCHCO • CISPS • OPOLE • HHS • NIH • CDC • ONC • SMP/SHIP • MAC • Veterans Affairs • Private Payer • Independent Consultant • Association • Vendor • Academic Institution • Health Plan • Pharmacy • Foundation • Standards Organization • Supplier


102 LISTENING SESSIONS

56 SITE VISITS & OBSERVATIONS


1,437 People
 Reached via
 Event-in-a-Box


233 Staff
 in All CMS Locations


46 States
2 Territories
 in 10 Regional Locations


15,065 Data
 4,249 RFI &
 10,816 Stakeholder Comments

Data as of 2/13/2020

We use human-centered design to explore burdens and spend time at the “front line”

CMS Initiatives to Reduce Burden through Interoperability

- MyHealthEData
- Interoperability and Patient Access Final Rule
- Interoperability Pilot Projects to Reduce Burden



PATIENT ACCESS

Empowering patients by giving them access to their health information so they can make the best informed decisions about their care, all while keeping that information safe and secure.

CONNECTING HEALTHCARE THROUGH DATA EXCHANGE

Driving to value-based care by promoting seamless data exchange across the care continuum.

TECHNOLOGY & STANDARDS

Promoting the use of the latest technology and standards to drive innovation and data exchange in healthcare.

DATA EXCHANGE BUILT ON PRIVACY & SECURITY

**YOUR HEALTH DATA
WHEN YOU NEED IT MOST**



CMS INTEROPERABILITY & PATIENT ACCESS FINAL RULE

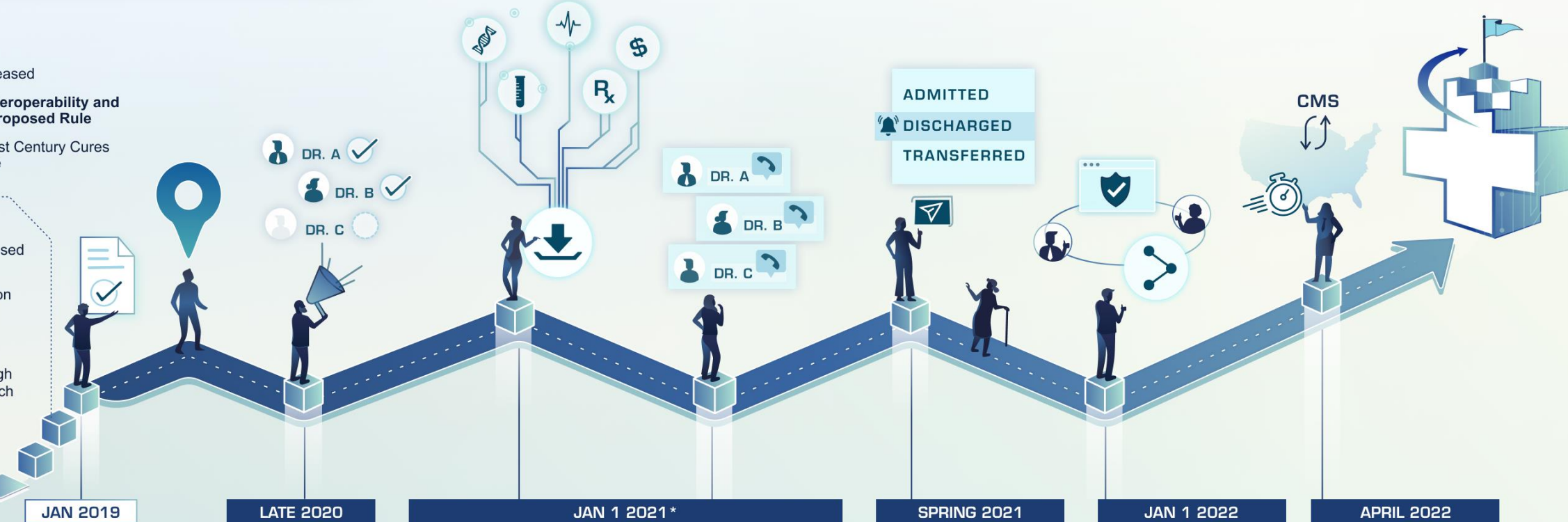
Rule Resources: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Interoperability/index>



- 2019**
- Draft 2 TEFCA released
- CMS publishes **Interoperability and Patient Access Proposed Rule**
- ONC publishes 21st Century Cures Act Proposed Rule

- 2018**
- Draft TEFCA released
- White House Executive Forum on Interoperability
- CMS made data available to researchers through the Virtual Research Data Center

- March 2018**
- MyHealthEData and Blue Button 2.0 launched



JAN 2019

LATE 2020

JAN 1 2021*

SPRING 2021

JAN 1 2022

APRIL 2022

Providers are required to use **2015 Edition Certified EHR Technology**

Promoting Interoperability program requirements take effect for all providers

Public reporting of clinician or hospital data blocking and providers without digital contact info in NPPES

Patient Access API
Patient health care claims and clinical info made available through standards-based APIs for Medicare Advantage, Medicaid and CHIP FFS, Medicaid and CHIP managed care, and QHPs on the FFEs

Provider Directory API
Payer Provider Directories made available through standards-based APIs

** both requirements will not be enforced until July 2021*

Hospitals send **event notifications** regarding admission, discharge, and transfer to other providers

Payer-to-Payer data exchange
Payers required to exchange patient USCDI data upon request

Improved benefits coordination for dually eligible individuals

ADMITTED
DISCHARGED
TRANSFERRED

CMS

Blue Button 2.0 and Promoting Interoperability

- With Blue Button 2.0, nearly 3,600 developers are building user-friendly apps to help beneficiaries understand and access their data and 63 applications are in production (Learn more: [developers](#) and [beneficiaries](#))
- Overhaul of Meaningful Use program and requirement for clinicians and hospitals to adopt the 2015 edition of certified EHR technology (CEHRT)

Prior Auth and Documentation Requirements

Prior Authorization

“I hate to say it, but...prior authorization is unseating electronic health records as the top source of burden for clinicians and providers...”

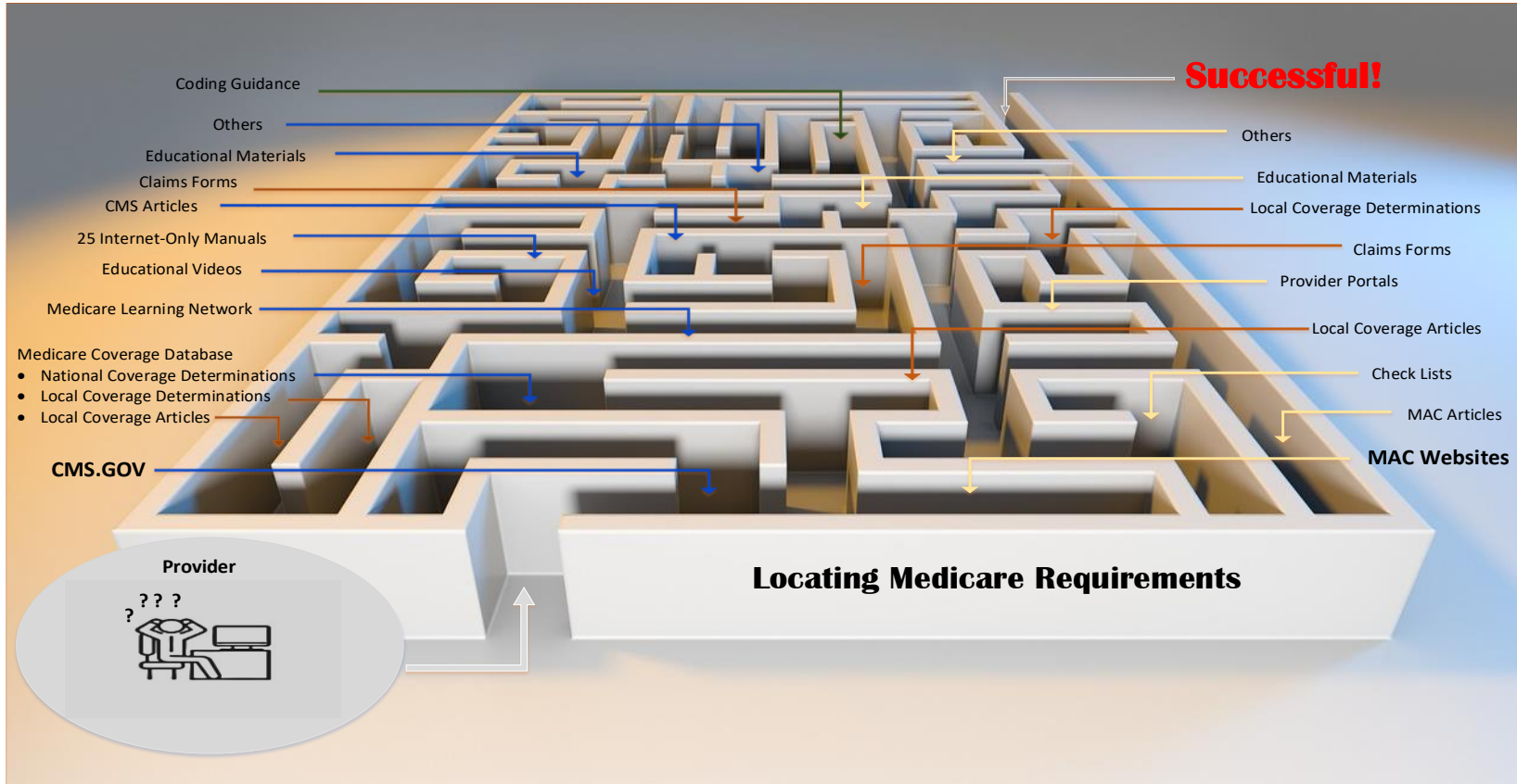
- Medical community stakeholder

Documentation Requirements

“...even if you can find the instructions, there is no guarantee that it is right”

“From a physician standpoint, I want to know what I need to do while the patient is here.”

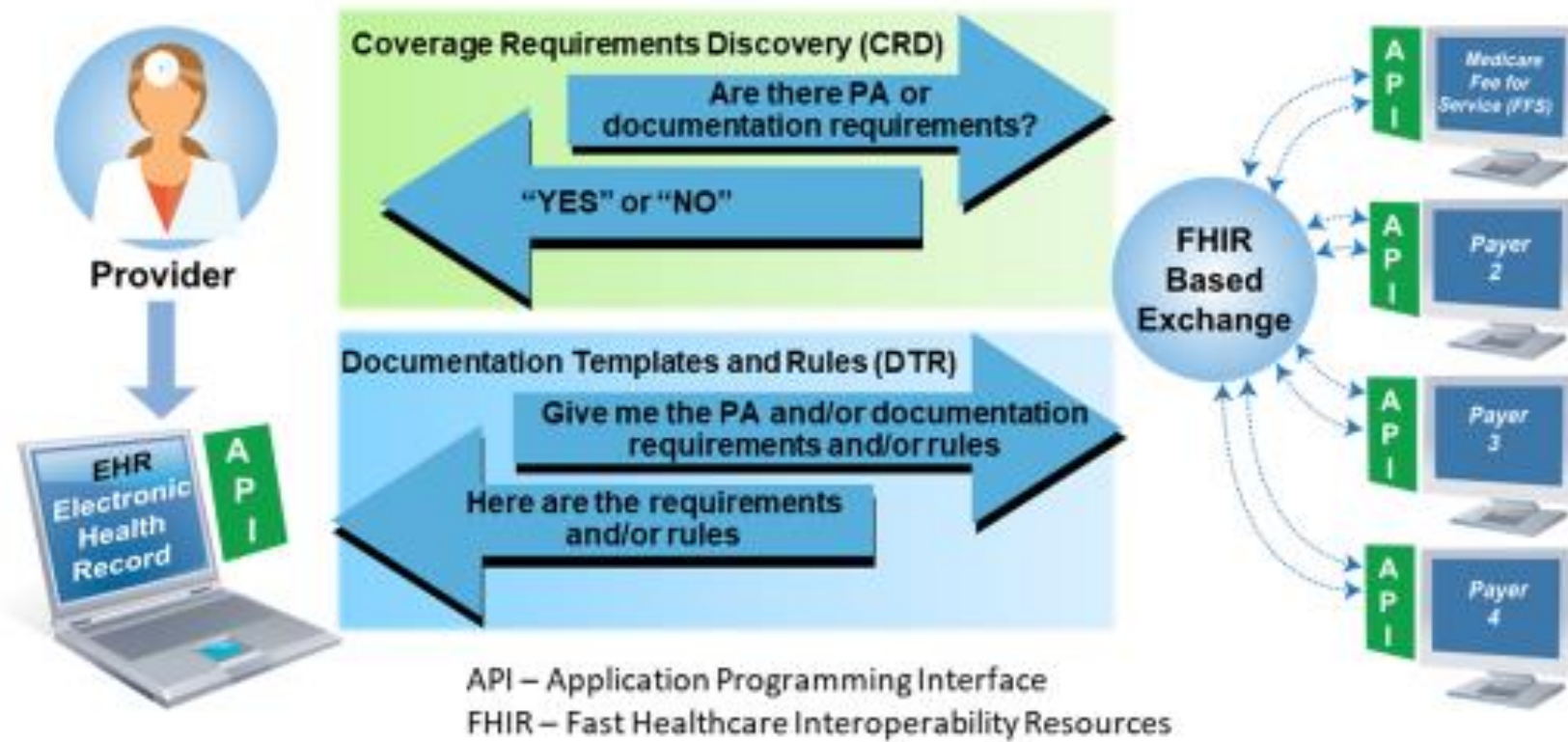
Information Maze Unintended Consequences



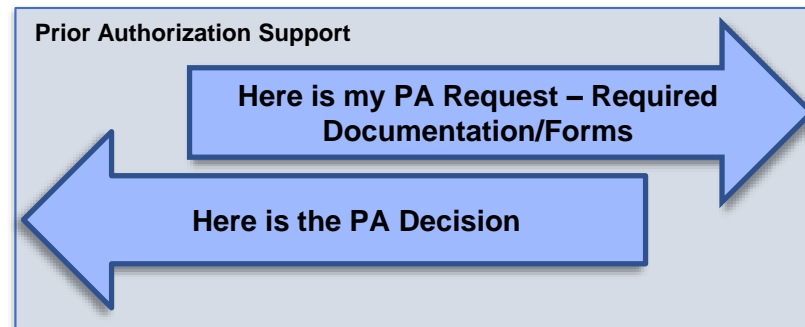
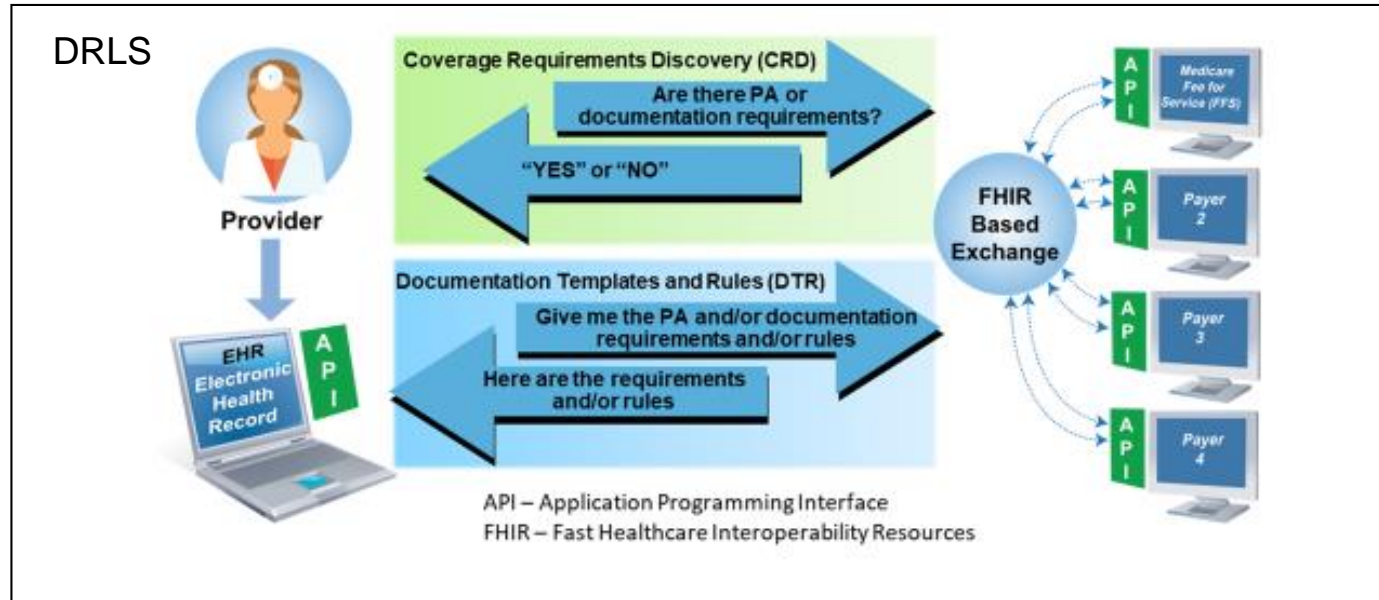
This contributes to:

- Clinician burden / burnout
- CMS burden and rework
- Inconsistent requirements
- Delayed services to beneficiaries
- Errors in claims processing
- Improper payments
- Barriers to interoperability
- Customer dissatisfaction

Documentation Requirements Look-up Service



Prior Authorization Builds on DRLS Use Case



EMDI: Ordering and Referring

Order/Referral Sources



- ✓ Improve Exchange of Medical Documentation
- ✓ Promote the Use of Interoperability Standards
- ✓ Reduce Improper Payment Rate
- ✓ Reduce Provider Burden
- ✓ Minimize Claim Appeals

Service Providers



Use Cases



Submit Order/Referral,
with attachments

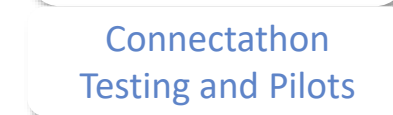


Request for Medical
Documentation

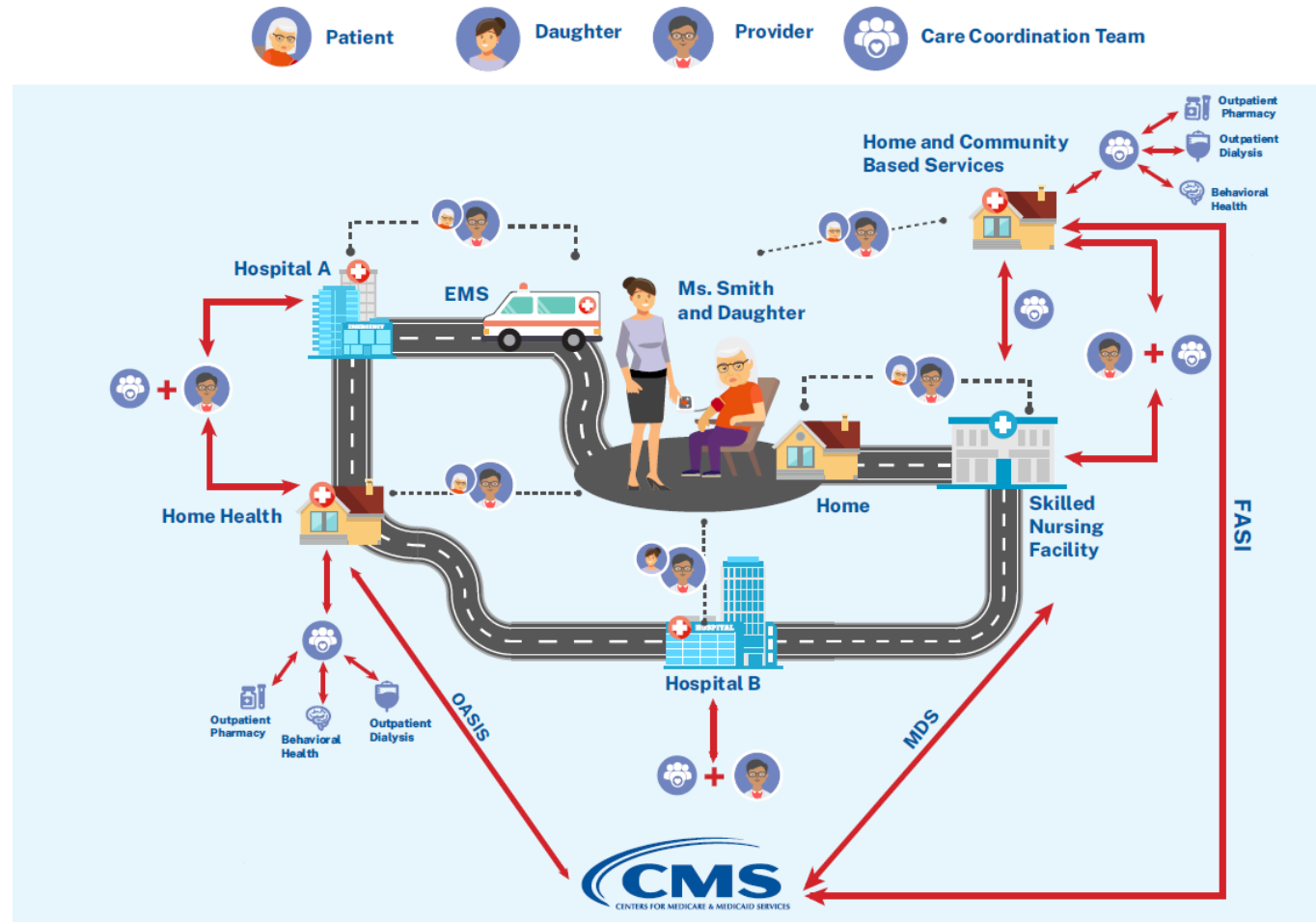


Request for
Signature

Interoperability Standards Approach



A Patient Story Navigating the Healthcare System



Post-Acute Care Interoperability (PACIO) Project

- Launched in February 2019 in response to 2014 IMPACT Act
- Consensus-based approach to advance interoperable health data exchange between post-acute care providers, patients, and other key stakeholders
- Data Element Library (DEL): Centralized resource for CMS assessment data elements (e.g. questions and response options), and their related mappings to nationally accepted health IT standards

CMS.gov
Centers for Medicare & Medicaid Services

Home Search Reports Help/Resources Feedback

The CMS Data Element Library (DEL) is the centralized resource for CMS assessment instrument data elements (e.g. questions and responses) and their associated health information technology (IT) standards.

The DEL does not contain patient health information (PHI).

What is the purpose of the DEL?

- Promotes interoperable health information exchange
- Supports "Patients over Paperwork"
- Assists with standardization of assessment data elements to help facilitate care coordination

What is included in the DEL?

| Care Settings | CMS Assessment Instrument |
|--|---|
| Inpatient Rehabilitation Facilities (IRFs) | IRF Patient Assessment Instrument (IRF-PAI) |
| Home Health Agencies (HHAs) | Outcome and Assessment Information Set (OASIS) |
| Long-Term Care Hospitals (LTCHs) | LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS) |
| Skilled Nursing Facilities (SNFs) | Minimum Data Set (MDS) |
| Hospice Care | Hospice Item Set (HIS) |
| Home and Community-Based Services (HCBS) | Functional Assessment Standardized Items (FASI) |

Advancing Digital Quality Measurement

- Commitment to All Digital quality measures by 2030
- Goals
 - Reduces burden
 - Ability to provide rapid feedback which can be used at point of care
 - Provides more robust clinical information
 - Ability to leverage for advanced analytics
- Vision: Seamless connection between quality measures, clinical workflow, clinical decision support and feedback

Blueprint for Advancing Digital Quality Measures

- The Blueprint will focus on multiple actions
 1. Utilizing appropriate policy levers
 2. Advancing data quality
 3. Advancing technology
 4. Quality data aggregation, analysis and attribution
 5. Alignment across agencies and payers
- Each action demands a multipronged strategy: Engaging stakeholders, leveraging policy, evolving technical components

Current Activities: 1-3. Policy, Data and Technology

1. Policy Levers: Cures Act mandates, strategic selection of measures, consensus process, and vendor certification
2. Data Quality: Leveraging USCDI with initial focus on Core Clinical Data Elements (CCDE) – labs, vital signs
3. Advancing Technology: FHIR API, FHIR pilot testing, CMS/HL7 Joint FHIR Connectathon January 7-8, 2020

eCQM Data Element Repository

- Now includes information for eCQMs used in CMS Quality Programs for the 2021 Performance and Reporting Periods
- Aids in data mapping activities by providing measure information and data element definitions for all the available CMS program eligible hospital/critical access hospital and eligible professional/eligible clinician measures
- Centralizes information from:
 - Value Set Authority Center (VSAC)
 - eCQM specification
 - Quality Data Model

The screenshot shows the eCQI Resource Center interface. The main heading is 'Measure Collaboration (MC) Workspace'. Below it, there are navigation tabs: 'About', 'eCQM Concepts', 'eCQM Clinical Workflows', 'eCQM Test Results', and 'eCQM Data Element Repository'. The current page is titled 'Electronic Clinical Quality Measure (eCQM) Data Element Repository (DERep)'. The text explains that the DERep provides clarification for data elements associated with published and tested eCQMs. It also mentions that the data elements are for use in eCQMs for 2019, 2020, and 2021 Performance and Reporting periods. A filter section is visible with the following options: Year (2021), Select a Filter Option (- All Data Elements -), Search, Sort by (Title), and Order (Asc). An 'Apply' button is also present.

4. Quality Data Aggregation

Current State

Aggregation limited due to

- Lack of interoperability
- Limited platforms for aggregation
- Lack of governance or authority
- HIPAA restrictions
- Patient identification

Future State

Aggregate patient-level data to

- Apply risk adjustment for accountability
- Integrate data from multiple sources for various uses
 - Social determinants of health
 - Patient generated data
- Repurpose siloed data for broad use
 - Measurement & Accountability
 - National surveillance
 - Cross-setting care coordination
 - Multi-site and multi-sector research
 - Systemic continuous quality improvement

5. Stakeholder Alignment

- Alignment within CMS
- Alignment across Federal Government
- Alignment through consensus (NQF)
- Alignment with other payers and others – Core Quality Measures Collaborative (AHIP/NQF/CMS)
- Alignment with measure developers – Some already piloting their measures as electronic (NCQA)

Today's Presentation: Key Takeaways

- Your engagement with the Office of Burden Reduction and Health Informatics is important and valued
- CMS is actively working to reduce administrative burden and improve care coordination through interoperability

Thank you!

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